### IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSISSIPPI

ROBERT BAKER

PLAINTIFF

**VERSUS** 

CAUSE NO. 2016-00227

JACKSON COUNTY SHERIFF'S DEPARTMENT; JACKSON COUNTY, MISSISSIPPI; AND JOHN OR JANE DOES 1 THROUGH 10 FILED

DEC 05 2016

**DEFENDANTS** 

RANDY CARNEY, CLERK

COMPLAINT

COMES NOW the Plaintiff, ROBERT BAKER, and files this his Complaint against the Defendants herein, JACKSON COUNTY SHERIFF'S DEPARTMENT, JACKSON COUNTY, MISSISSIPPI, and JOHN OR JANE DOES 1 THROUGH 10, and for cause would respectfully show as follows:

- Plaintiff, ROBERT BAKER, is an adult resident citizen of Harrison County,
   Mississippi.
- 2. Defendant, JACKSON COUNTY SHERIFF'S DEPARTMENT, is a political subdivision of the State of Mississippi and is the entity responsible for the oversight, regulation, and/or control of the Sheriff's Department in Jackson County, Mississippi, and its personnel. This Defendant may be served with process in the time and manner provided by law by service pursuant to Miss. Code Ann. § 11-45-3 by serving Jim Hood, the Attorney General of Mississippi, Mississippi Attorney General's Office, Walter Siller Building, 550 High Street, Suite 1200, Jackson, Mississippi 39201; Sheriff Mike Ezell at 3104 Magnolia Street, Pascagoula, Mississippi 39567; and also by service upon Melton Harris, President of Jackson County Board of Supervisors, at 3104 Magnolia Street in Pascagoula, Mississippi, or 2500 Criswell Avenue, Pascagoula, Mississippi 39567, or wherever they may be found.



- 3. Defendant, JACKSON COUNTY, MISSISSIPPI, is a political subdivision within the State of Mississippi, with the ability to sue and be sued, and which at all times relevant hereto employed Jacob Chavis. Defendant, Jackson County, Mississippi, may be served with process in the time and manner provided by law.
- 4. Defendants, JOHN OR JANES DOES 1 THROUGH 10, are individuals or entities affiliated with the Defendants and/or have acted in concert with the Defendants, and whose identities are currently unknown. All allegations and claims asserted herein against the Defendants are incorporated herein by reference against John or Jane Does 1 through 10. Said John or Jane Does, when their identities are known, will be identified by name and joined in this action, if necessary, pursuant to the Mississippi Rules of Civil Procedure.
- 5. This Court has jurisdiction over this action in accordance with, and pursuant to Mississippi Code Annotated Section 11-46-1 and the laws of the State of Mississippi.
- 6. Venue is proper in the Circuit Court of Jackson County, Mississippi, pursuant to Mississippi Code Annotated Section 11-11-3, as most, if not all, of the acts, omissions, and/or matters in controversy giving rise to this cause of action occurred and/or accrued in Jackson County, Mississippi.
- 7. Plaintiff would show that pursuant to Mississippi Code Annotated Section 11-46-11, a Notice of Claim letter was mailed, via certified United States mail, upon the Defendants on or about August 9, 2016. Copies of the Notice of Claim and Certified Mail Receipts are attached hereto and incorporated herein as Exhibits "A" and "B," respectively.
- 8. On or about August 19, 2015, Plaintiff was in his home in Jackson County, Mississippi, and under distress. Plaintiff called 911 and asked for help getting some people out of his house. The Defendants arrived at Plaintiff's house in response to the 911 call. Plaintiff

was in the garage/shop attached to his house. Plaintiff had a gun and was distraught about certain individuals in his house that he could not get to leave.

- 9. Plaintiff and his daughter heard a gunshot outside, and Plaintiff put his gun down so he could open the garage door.
- 10. At that same time, Plaintiff's daughter left the garage/shop and walked through the house to the front door, where she let Deputy Jacob Chavis enter the front door.
  - 11. Deputy Chavis entered the front door of Plaintiff's house with his gun drawn.
- 12. Deputy Chavis entered the kitchen immediately adjacent to the garage/shop and immediately fired eight or nine shots into the garage/shop, striking the Plaintiff as he was opening the garage door.
- 13. Plaintiff was subsequently transported to the Ocean Springs Hospital where he was treated for his injuries as a result of being shot multiple times.
- 14. Plaintiff would show that based on information and belief, the Defendants had policies and procedures in place about how, when, and where to use deadly force.
- 15. Plaintiff would aver that it is a public entity's duty to inform, train, and supervise its employees in the proper ways in which its employees may use deadly force, which is not discretionary, it is a ministerial and/or mandatory duty that is required by Mississippi Law.
- 16. Plaintiff would aver that the Defendants violated their duties owed to the Plaintiff as a result of their failure to properly inform, train, and supervise their employee as required by Mississippi Law.
- 17. The Plaintiff would aver that during this entire period of time the Defendants' employees, knew or should have known that the Plaintiff was asking for help from the Sheriff Department employees and did not pose an immediate danger to himself or others, and still, the

Defendants, by and through their agents, employees or representatives, entered Plaintiff's home and shot him in his garage/shop.

- 18. The Defendants, failed to provide adequate and competent training and/or supervision to agents, employees, or representatives of the Defendants working in the Jackson County Sheriff's Department. The Defendants were tasked with the non-delegable duty and responsibility of how to use deadly force in their official policies, procedures, practices, guidelines, and/or customs that were to be carried out by the Jackson County Sheriff's Department by the employees working there.
- 19. The Defendant, Jackson County Sheriff's Department, failed to properly train its employees to ensure that citizens such as the Plaintiff were safe and secure while on their own property, and their failure to do so created an unreasonable danger to the Plaintiff herein.
- 20. After the Plaintiff named herein was viciously and brutally shot at eight or nine times by a Jackson County Sheriff's Department and suffered multiple gunshot wounds, while standing in his own property, the Defendant, Jackson County Sheriff's Department, began its own investigation into the matter.
- 21. At all times, the individuals working at the Jackson County Sheriff's Department were employees and/or agents of Defendants, Jackson County Sheriff's Department and Jackson County, Mississippi, and said employees were working within the course and scope of their employment for the Defendants.
- 22. As a direct and proximate consequence of the acts or failure to inform, train, and supervise, the Defendants are jointly and severally liable to the Plaintiff for the acts of shooting the Plaintiff named herein. Thus, Plaintiff is entitled to a money judgment against the

Defendants who engaged in or contributed to or otherwise facilitated through their acts of omission or commission the illegal acts against the Plaintiff named herein.

- 23. The Defendants had a duty to the Plaintiff to properly train and supervise their employees to ensure the reasonable safety and welfare of the people they deal with, including the Plaintiff herein, and to at a minimum, ensure that they are not subjected to assault, battery, or other crimes against their person while they are on their own property.
- As a direct and proximate consequence of the Defendants failure to properly train and supervise their employees, the Plaintiff suffered severe physical, mental and emotional damage, and past, present and future medical damages and medical treatment, resulting from the shooting suffered by the Plaintiff while in his own home on his own property, without just cause to do so, and the Defendants acts and omissions were the proximate cause of the Plaintiff's injuries and damages.
- 25. The Defendants failed to provide reasonable and necessary policies and/or procedures to ensure that the Plaintiff in question was safe from is employees while on they are on duty. The conduct of the Defendants was reckless, careless, and negligent, and the Defendants knew, or should have known, that said conduct could result in the injuries and damages complained of herein. The Defendants' conduct constitutes negligence, negligence per se and/or gross negligence.
- 26. The Defendants, Jackson County, Mississippi, and the Jackson County Sheriff's Department, had a duty to act as reasonable, prudent Sheriff's Department and like entities, and to take reasonable and necessary precautions to ensure the safety and welfare of the public and to insure individuals that work for them do not shoot or commit heinous acts upon any individual without just cause.

- 27. The Defendants breached their duty of care by failing to provide for the safety and welfare of the public, and in particular the safety and welfare of the Plaintiff. The Defendants failures and breaches resulted in the Plaintiff suffering numerous gunshot wounds, including gunshot wounds to the torso, back, and groin. Each such injury constitutes a separate and independent tort under the Mississippi Tort Claims Act.
- 28. As a direct and proximate consequence of the Defendants' acts, omissions, and/or failure to act, the Plaintiff suffered severe pain and suffering, humiliation, mental and emotional distress, and past, present and future medical damages and medical treatment, and for which Plaintiff seeks a money judgment for actual and consequential damages of and from the Defendants.
- 29. The Plaintiff would aver that the employees or representatives of the Jackson County Sheriff's Department have a duty to follow the policies, procedures, and guidelines of the Jackson County Sheriff's Department, the law of the State of Mississippi and/or the laws of the United States of America.
- 30. The Plaintiff would aver that these duties are ministerial duties that create a mandatory duty on the part of the Defendants.
- 31. The Plaintiff would aver that Defendants' employee, Deputy Jacob Chavis, negligently, negligence per se, and grossly negligently violated the policies and procedures of the Jackson County Sheriff's Department, the Laws of the State of Mississippi, and the Laws of the United States of America in his use of force against the Plaintiff.
- 32. As the direct and proximate consequence of the Defendants' acts and/or omissions, the Plaintiff suffered and continues to suffer, severe pain and suffering as well as

mental and emotional distress, and past, present, and future medical damages and medical treatment for which he seeks a money judgment of and from the Defendants as follows, to-wit:

- (a) Past, present, and future physical, emotional pain and suffering;
- (b) Past, present, and future mental and emotional distress;
- (c) Past, present and future economic damages, including, but not limited to past, present, and future medical expenses;
- (d) Loss of enjoyment of life; and,
- (e) Other such damages as may be determined hereinafter.

WHEREFORE, PREMISES CONSIDERED, the Plaintiff, Robert Baker, by and through his attorney of record, Douglas L. Tynes, Jr. prays that his Complaint be received and filed and the Court will award the Plaintiff damages for actual, compensatory, and punitive damages, along with all cost of Court as may be accrued herein, all attorney's fees allowable by law and any other damages allowed under the laws of the State of Mississippi including pre-judgment and post-judgment interest in an amount equal to the statutory limit of \$500,000.00, of and from the Defendants; and further grant the relief requested by the Plaintiff, ROBERT BAKER.

Further, your Plaintiff prays for general relief.

Respectfully submitted,

ROBERT BAKER

pv.

ÁS L. TÝNES, JŔ. (MSB # 101921)

ttorney for Plaintiff

TYNES LAW FIRM, P.A.

P.O. Box 966

Pascagoula, MS 39568-0966

(228) 769-7736 Office

(228) 769-8466 Facsimile

monte@tyneslawfirm.com

## TYNES LAW FIRM, P.A.

ATTORNEYS AT LAW

DOUGLAS L. TYNES, Of Counsel DOUGLAS L. TYNES, JR.

525 KREBS AVENUE PASCAGOULA, MS 39567 (228) 769-7736 Telephone (228) 769-8466 Facsimile www.tyneslawfirm.com

MAILING ADDRESS: POST OFFICE DRAWER 966 PASCAGOULA, MS 39568-0966

August 9, 2016

### Via Certified Mail/Return Receipt Requested

Josh Eldridge, Chancery Clerk Jackson County, Mississippi Post Office Box 998 Pascagoula, Mississippi 39568-0998

### Via Certified Mail/Return Receipt Requested

Melton Harris
President of the Board of Supervisors of Jackson County, Mississippi
Post Office Box 998
Pascagoula, Mississippi 39568-0998

### Via Certified Mail/Return Receipt Requested

Gary S. Evans, Board Attorney
Office of the Jackson County Board Attorney
Post Office Box 998
Pascagoula, MS 39568-0998

### Via Certified Mail/Return Receipt Requested

Sheriff Mike Ezell Jackson County Sheriff's Office Post Office Box 998 Pascagoula, MS 39568-0998

Re: Notice of Tort Claim

Clamant: Robert A. Baker Our File No. 16-10192

Dear Sheriff Ezell and Messrs. Eldridge, Harris, and Evans:

Our firm has been retained by Robert A. Baker in order to pursue a claim on his behalf against Sheriff Mike Ezell, Deputy Jacob Chavis, the Jackson County Sheriff's Department, and Jackson County, Mississippi, and I am submitting this Notice of Claim pursuant to § 11-46-11 of the Mississippi Code of 1972, as amended, for his personal injuries, damages and losses proximately resulting from an incident in which he was shot multiple times by a Deputy of the Jackson County Sheriff's Office, as set forth hereinafter:



August 9, 2016 Re: Robert Baker Page 2 of 3

# 1. Short and plain statement of facts upon which the claim is based, including circumstances which brought about the injury.

On or about August 19, 2015, Robert Baker called the Jackson County Sheriff's Office to report a domestic situation at his home. Upon arrival, a Jackson County Deputy entered Mr. Baker's home and proceeded to the garage, where Mr. Baker was opening the garage door. A Deputy Sheriff, who upon information and belief was Jacob Chavis, shot Mr. Baker multiple times. Mr. Baker did not pose a threat or danger to Deputy Chavis, to any other member of the Jackson County Sheriff's Office or to any bystanders.

The actions complained of were in violation of the policies and procedures of the Jackson County Sheriff's Office. In addition, Jackson County Sheriff's Office and/or Sheriff Mike Ezell failed to adequately train their employees, including but not limited to Deputy Chavis.

Due to negligence per se and the negligent acts of Deputy Chavis and other employees of the Jackson County Sheriff's Office, Robert Baker sustained significant bodily injuries, including but not limited to gunshot wounds that required significant surgeries.

The actions of Deputy Jacob Chavis, Sheriff Mike Ezell, and other unknown deputies of the Jackson County Sheriff's Office, acting within the course and scope of their positions with the Jackson County Sheriff's Office, were the proximate and sole cause of the injuries, damages, and losses sustained by Robert Baker in this matter.

### 2. The extent of the injury

Robert Baker suffered severe physical injuries, medical expenses, past, present and future physical pain and suffering, and mental and emotional distress as a result of the subject incident.

#### 3. The time and place the injury occurred

The incidents, as set forth above, occurred on or about August 19, 2015, and Mr. Baker's injuries are continuing to this day.

### 4. The names of all persons known to be involved.

The persons known to be involved in the above described incidents are Sheriff Mike Ezell and Deputy Jacob Chavis of the Jackson County Sheriff's Office, and Robert Baker. Mr. Baker's daughter, Britney Baker Schloss, was a witness at the scene.

#### 5. Amount of money damages sought

Robert Baker seeks damages in this matter in the amount of \$500,000.00, or the maximum amount of insurance coverage available for this matter, whichever is greater.

August 9, 2016 Re: Robert Baker Page 3 of 3

# 6. Residence of person making the claim at the time of the injury and at the time of filing the notice.

Robert Baker was a resident of Jackson County, Mississippi, at 9817 Scott Street, Latimer, Mississippi, at the time of the incident and injuries described above. Mr. Baker currently resides at 16324 Lamey Bridge Road, Biloxi, MS 39532.

Please accept this Notice of Claim pursuant § 11-46-11 of the Mississippi Code of 1972, as amended, of the Tort Claims Act, against Sheriff Mike Ezell, Deputy Jacob Chavis, and the Jackson County Sheriff's Department, and Jackson County, Mississippi. I hereby request that you advise me in writing of your decision with respect to this claim.

If you should have any questions regarding this matter, please let me know.

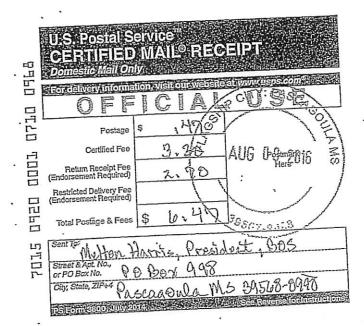
Sincerely,

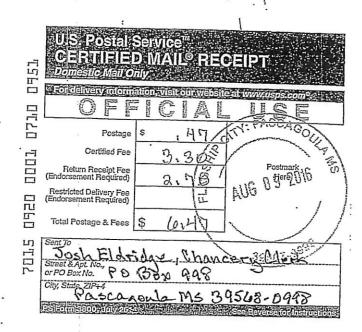
TYNES LAW FIRM, P.A.

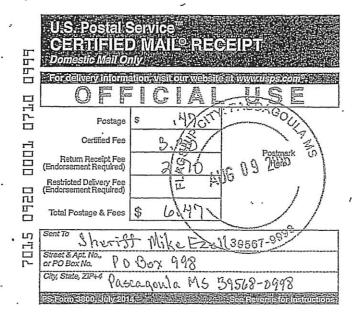
vyouglass L. Monte" [

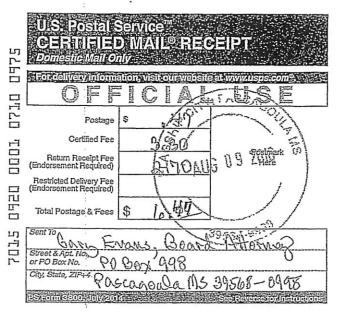
DL7/Jr./kdk

Robert A. Baker





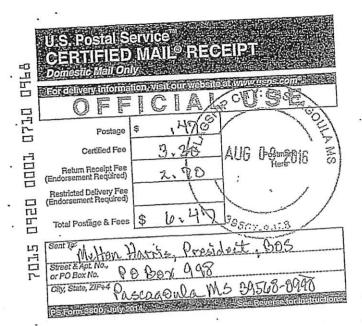


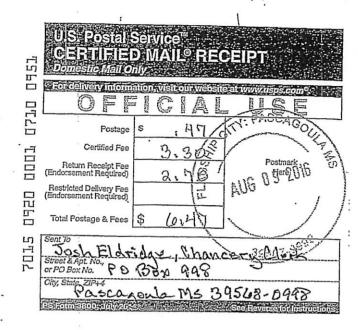


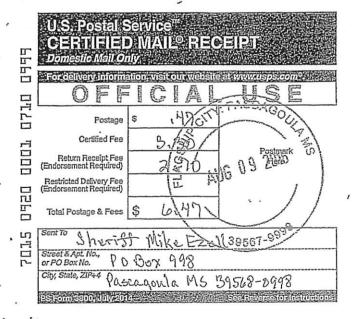
iqiəcəR mutəR otisəmod	PS Form 3811, July 2015 PSN 7830-02-000-9053
☐ Insured Mail Reshicted Delivery Reshicted Delivery (over \$500)	. 84PO 0170 TODO USPU- 21U1
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™	2. Artiole Number (Transfer froim service label)
Facetiffied Mail Read Delivery Tel Return Receipt for Collect on Delivery Metrorandise	9290 9403 0926 5223 8612 13
writisM barataipaR 🖸 erutisngi2 ilibbA 🗅 batoritaaR arutisngi2 ilibbA 🖸 yravileO batoritaaR arutisngi2 ilibbA 🖸	TOTAL CONTRACTOR CONTR
8. Setvice Type D Priority Mail Express®	21 224.6
*	Pascagowa-Ms 34548-0998
	80 Xed 69
1	Board & Supervisors Sockson (B.
D. Is delivery address different from tiem 1?   If YES, enter delivery address below:   If YES, enter delivery address below:	Lustice Adressed to:  Lustice Africa of Carally Motion
1,100/11	or on the front if space permits,
B. Hereived by (Printed Name) C. Date of Delivery.	<ul> <li>Attach this card to the back of the mailpiece,</li> </ul>
inepA 🗆 X	ezverven fin your addition and severver exert for the card for the car
emenes A	■ Complete items1, 2, and 3.
COMPLETE THIS SECTION ON DELIVERY	SENDER: COMBTETE THIS SECTION:
-	
• •	<u>ت</u>
· · · · · · · · · · · · · · · · · · ·	
Domestic Return Receipt	PS Form 3811, July 2015 PSN 7630-02-000-9053
I insured Mail Hestricked Delivery Hestricked Delivery Hestricked Delivery (00esr 5500)	TSLO OTLO TOOO OZLO STOL
Object on Delivery     Object on Delivery     Insured Mail     Insured Delivery	S. Artiole Number (Transfer from service (sbet) 7015 0750 0001
Destricted Meil Restricted Delivery    Certified Meil Restricted Delivery   Delivery   Delivery   Delivery   Delivery   Delivery   Delivery   Destricted Delivery   Destricted Meil Restricted Delivery   Destricted Delivery   Destricted Delivery   Destricted Delivery   Destricted Delivery   Delivery   Destricted Delivery   Destric	7072 0450 0007 0470 0427 v. Article Number (Neuraler from service (spel)
D Adult Signature  To Adult Signature  Adult Signature  Adult Signature  Adult Signature  Adult Signature  Collect on Delivery  Collect on Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Advantage  Collect on Delivery	2. Ariole Number (Tensfer from service (sbet) 2. Ariole Number (Tensfer from service (sbet) 3. Ariole Number (Tensfer from service (sbet)
D Registered Mailwain Restricted Delivery Delivery Delivery Delivery Delivery Delivery Delivery Delivery Delivery Desivery Delivery Desivery Desirement Desirement Desirement Desirement Desirement Desivery Desivery Desirement Desirement Desirement	2. Article Number (Transfer from service (sbet) 2. Article Number (Transfer from service (sbet) 3. Article Number (Transfer from service (sbet)
D Adult Signature  To Adult Signature  Adult Signature  Adult Signature  Adult Signature  Adult Signature  Collect on Delivery  Collect on Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Advantage  Collect on Delivery	90 Steed onla MS 39568-0998 2. Atiole Number Wanafer from service label) 2. Atiole Number Wanafer from service label) 3. Atiole Number Wanafer from service label) 4. Atiole Number Wanafer from service label) 5. Atiole Number Wanafer from service label) 6. At the service of the service label of the serv
D Adult Signature  To Adult Signature  Adult Signature  Adult Signature  Adult Signature  Adult Signature  Collect on Delivery  Collect on Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Advantage  Collect on Delivery	90 Sosces onla M5 39568-0998 2 Atiole Number Washer from service (see) 2 Atiole Number Washer from service (see)
D Adult Signature  To Adult Signature  Adult Signature  Adult Signature  Adult Signature  Adult Signature  Collect on Delivery  Collect on Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Insured Mail Restricted Delivery  Collect on Delivery  Advantage  Collect on Delivery	Sockers and service leben  Poscer gowla Ms 39568-0998  S. Article Number Wenster from service leben  S. Article Number Wenster from service leben  Response of the manual
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90 Sosces onla M5 39568-0998 2 Atiole Number Washer from service (see) 2 Atiole Number Washer from service (see)
S. Service Type  Details Signature  Adult Signature  Adult Signature  Adult Signature  Details Mail Heathford Delivery  Collect on Delivery  Collect on Delivery  Delivery  Collect on Delivery  Del	1. Article Addressed to:  Josh Eldridge, Urantery Clerk  7. Oslov 998  9. Oslov 998  9. 9590 9403 0956 5823 8612 06  2. Article Number (Viensfer from service lebel)  3. Article Number (Viensfer from service lebel)
B. Hegelivery defined Name)  D. Is delivery-address different from item 1?  D. Is delivery-address different from item 1?  D. Is delivery defined belivery  Collect on Delivery  Collect on Delivery  D. Golderd on Delivery	1. Article Addressed to:  30 sh Eldridge Mankery Clerk  30 sh Eldridge Mankery Clerk  90 show 998 esses 8612 06  9590 9403 0956 5223 8612 06  9590 9403 0956 5223 8612 06  1 Article Number Assarction service lebell  1 Article Number Assarction service lebell  1 Article Number Assarction service lebell  2 Article Number Assarction of 1951
B. Rêçeived by (Parited Name)  D. Is delivery eddress different from item 1?  D. Is delivery eddress different from item 1?  D. Is delivery eddress different from item 1?  D. Is delivery delivery delivery destricted Delivery  Collect on Delivery  D. Collect on Delivery	So that we can feturn the card to you.  Affach this card to the back of the mailpiece,  To else Addressed to:  So by Planch Lands  Pasce only  Pasce only  Rascent Contains  Pasce only  Rascent Offa
A Service Type  Thegistrue Bestricted Delivery  Collect on Delivery Hestricted Delivery  Collect on Delivery  Coll	Finity your name and address on the reverse of thist we can return the card to you.  To thist will be card to the back of the mailpiece, or on the front if space permits.  The Article Addressed to:  To the source of the back of the mailpiece, or on the front if space permits.  To the source of t
B. Rêçeived by (Parited Name)  D. Is delivery eddress different from item 1?  D. Is delivery eddress different from item 1?  D. Is delivery eddress different from item 1?  D. Is delivery delivery delivery destricted Delivery  Collect on Delivery  D. Collect on Delivery	So that we can feturn the card to you.  Affach this card to the back of the mailpiece,  To else Addressed to:  So by Planch Lands  Pasce only  Pasce only  Rascent Contains  Pasce only  Rascent Offa

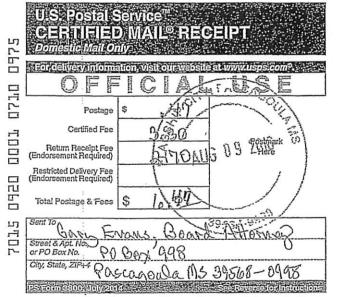
the state of the s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	Agent D Addressee
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Regeived by (Frinted Name) G. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?   Yes
Gary S. Evans, Board Attorney	If YES, enter delivery address below:   No
Office of Jackson County	. !
Board Attorney	
PO Box 948	
Pascagoula MS 39568-0998	3. Service Type
PARTIES OF THE PARTIE	□ Adult Signature □ Adult Signature Restricted Delivery □ Cértified Meil⊚ □ Delivery □ Cértified Meil⊚ □ Delivery
9590 9403 0956 5223 8612 20	Gertified Mail Restricted Delivery     Return Receipt for     Merchandise
2. Article Number (Transfer from service label)	☐ Collection Delivery Restricted Delivery ☐ Signature Confirmation ☐
7015 0920 0001 0710 0975	☐ Insured Mail Restricted Delivery (over \$500)
PS Formi 3811, July 2015 PSN 7530-02-000-9053	. Domestic-Return Receipt
U	·
.e.	g
	8.E
	•
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
☐ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse:	X Agent
so that we can return the card to you.	L Addressee .
Attach this eard to the back of the mailpiece, or on the front if snace permits	B. Received by (Printed Name) C. Date of Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse:	Y Agent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Monor
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
Theriss Mike Ezell	If YES, enter delivery address below: ☐ No
Jackson County Sherist's Office	
Po 60x 998	84
_	8
Pascagoula MS 39568-0998	*
5	
	3. Service Type
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Delivery ☐ Delivery
9590 9403 0956 5223 8611 83	Certified Mail Restricted Delivery Return Receipt for
	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7015 0070 0001 0710 0000 '	☐ Insured Mail ☐ Signature Confirmation -
\$072 0450 000T 03TO 0444	☐ Insured Mail Restricted Delivery Restricted Delivery (over \$500)
PS Form 3811. July 2015 PSN 7530-02-000-9053	D











Complete items 1, 2, and 3.	The state of the s
Print your name and address on the reverse	A. Signature
so that we can return the card to you.	X / Y On a
Attach this card to the back of the mailniege	B. Received by (Printed Name) C. Date of Delivery
or on the mont if space permits.	B. Heceived by (Printed Name)   C. Date of Delivery
1. Article Addressed to:	D. Is delivery-address different from item 1?   Yes
Josh Eldridge, Chancery Clerk	If YES, enter delivery address below: ☐ No
Jackson Country	[
PD Box 998	į
, Pascagonia MS 39568-0998	
	3. Service Type  I Adult Signature  I Adult Signature Restricted Delivery  Certified Mail®  I Priority Mail Express® I Registered Mail Mail Restricted I Registered Mail Restricted I Registered Mail Restricted I Registered Mail Restricted
9590 9403 0956 5223 8612 06	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7015 0920 0001 0710 0951	☐ Instired Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	
in a company of the contract o	Domestic Return Receipt
•	1
i,	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
porture and professional appropriate section of the color and a few sizes	ELLER THE PROPERTY OF THE PROPERTY OF
n Complete items 1, 2, and 3.	A. Signature
Complete items 1, 2, and 3.  Print your name and address on the reverse	A. Signature
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.	A. Signature
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Money   Agent  Addressee
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	A. Signature  X. Agent  D. Agent  Addressee  C. Date of Delivery  D. Is delivery address different from item 1?  D. Is delivery address different from item 1?
■ Complete items 1, 2, and 3.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Melton Herris, President	A. Signature  X. Mond
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	A. Signature  X. Agent  Addressee  B. Bieceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
■ Complete items 1, 2, and 3.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Melton Herris, President	A. Signature  X. Agent  Addressee  B. Bieceived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
■ Complete items 1, 2, and 3.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Melton Harris, President  Board of Supervisors Jackson (3.	A. Signature  X
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Melton Herris, President Board of Supervisors Jackson (b. Po Box 998  Pascagona Ms 34568-0488	A. Signature  X. Agent  Addressee  B. Beeelved by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No  3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Adult Signature Restricted Delivery  Certified Mail Restricted Delivery  To Certified Mail Restricted Delivery  To Registered Mail Restricted Delivery  To Registered Mail Restricted Delivery  To Registered Mail Restricted Delivery
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Melton Herris, President Board of Supervisors Jackson (9 Po Box 998 Pascagona Ms 34568-098	A. Signature  X
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Melton Herris, President Board of Supervisors Jackson (b. Po Box 998  Pascagona Ms 34568-0488	A. Signature  X. A. Signature  X. A. Signature  X. A. Signature  X. A. Signature  Addressee  B. Breceived by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  Delivery  Addressee  B. Breceived by (Printed Name)  C. Date of Delivery  Delivery  Addressee  B. Breceived by (Printed Name)  C. Date of Delivery  Delivery  Addressee  B. Breceived by (Printed Name)  Delivery  Addressee  B. Breceived by (Printed Name)  Delivery  B. Breceived by (Printed Name)  Delivery  Delivery  B. Breceived by (Printed Name)  Delivery
Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Melton Herris, President  Board of Supervisors Jackson (9 Po Box 998  Poscagona Ms 34568-098  9590 9403 0956 5223 8612 13	A. Signature  X. A. Signature  X. A. Signature  X. A. Signature  B. Breceived by (Printed Name)  C. Date of Delivery  Delivery  Adult Signature  Adult Signature  Adult Signature Restricted Delivery  Decriffied Mail Restricted Delivery  Coelection Delivery  Collect on Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery  Collect on Delivery Restricted Delivery  Insured Mail  Signature Confirmation  Signature Confirmation  Signature Confirmation

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Agent Agent
Attach this card to the back of the mailniege	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	( 2 Man of land belivery
1. Article Addressed to:	D. Is delivery address different from item 1?   Yes
Gary S. Evans, Board Attorney	If YES, enter delivery address below:
Office of Jack son bounty	1
Board Attorney	1
P D Box 948	
Pascagoula M5 39568-0998	3. Service Type   Fi Priority Meil Evenneur@
	☐ Adult Signature ☐ Registered Mail™
[[[[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]	Certified Mail®
9590 9403 0956 5223 8612 20**	☐ Certified Mail Restricted Delivery B Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐
. 7015 0920 0001 0710 0975	☐ Insured Mail Restricted Delivery Restricted Delivery
PS Formi 3811, July 2015 PSN 7530-02-000-9053	(over \$500)
	Domestic Return Receipt
	*
,	•
(men. a). A	
	Parallabora :
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse:	X Agent
so that we can return the card to you.	Addressee .
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	I moneil
Sherist Mike Ezell	D. Is delivery address different from item 1? ☐ Yes !! If YES, enter delivery address below: ☐ No !!
Jackson County Sheriff's Office	
Po Box 998	
Pascagoula Ms 39568-0998	
1 Washing 1 12 0 1 200 0 00 00	1

9590 9403 0956 5223 8611 83

2. Article Number (Transfer from service label)

7015 0920 0001 0710 0999

PS Form 3811, July 2015 PSN 7530-02-000-9053

3. Service Type

□ Adult Signature
□ Adult Signature Restricted Delivery
PCertified Meii®
□ Certified Meii Restricted Delivery
□ Collect on Delivery
□ Collect on Delivery
□ Insured Meii
□ Insured Meii Restricted Delivery
□ Insured Meii Restricted Delivery
(over \$500)

☐ Priority Mell Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery
☐ Return Receipt for
Merchandise
☐ Signature Confirmation
☐ Signature Confirmation
☐ Restricted Delivery

Domestic Return Receipt